

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25844

BIRTH NO. 25689-50 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (In this place) <u>30 min.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walker, Mo. Bacon twp, Rural</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>108<sup>th</sup></u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Terry</u> b. (Middle) <u>Lynn</u> c. (Last) <u>Jackson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1950</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Apr. 8, 1950</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>22</u>	IF UNDER 2 HRS. Hours <u>22</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Nevada, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ralph James Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Doris Maxine Alumbaugh</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ralph Jackson Walker, Mo.</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>From birth</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity (Zinn 7 1/2 mo)</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>776 X</u>

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) <u>June 30 1950</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Apr. 8, 1950, to June 30, 1950, that I last saw the deceased alive on June 30, 1950 and that death occurred at 8:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. King M.D.</u>	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>7-1-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-30, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harwood, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 1, 1950</u>	REGISTRAR'S SIGNATURE <u>Walter H. Vance</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>O. W. Wagoner</u>	ADDRESS <u>Harwood, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUL 14 1950

Dist. File 750-801

Date Filed 7-14-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by not

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 2709

P. O. Address Harwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

*[Signature]*